

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2	1		1			
3						
4			1			
5			1			
6			1			
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49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

SERIAL NO. FILING DATE
APPLICANT(S)
CLAIMS
IND. DEP. IND. DEP. IND. DEP.